

Department of Public Health
and Human Services

FAMILY MEDICAID

DRAFT

Section:
APPLICATION PROCESSING

Subject:
Processing

Supersedes: FMA 103-5; 11/01/01

► **References:** ARM 37.82.101, 42 CFR 435.911, .912, .919

► GENERAL RULE--All completed 'Application for Assistance' (HCS-250) forms must be processed and eligibility determined in a timely manner.

► **NOTE:** If the applicant voluntarily withdraws their application, document in system case notes with the withdrawal request and send a system denial notice X260 confirming their request.

PROCEDURE

- **Applicant**
1. Complete the HCS-250, submit it to an Office of Public Assistance (OPA) and provide all information necessary for the OPA to determine eligibility. An interview may be scheduled, but is not required.
- **County OPA**
2. Review HCS-250 for completeness and immediately send a system notice requesting any missing information. The notice may include the opportunity for, and explain the benefits of an interview if one has not been scheduled. If this language is included in the notice, it must also indicate that an interview is not required.
- **NOTE:** OPA staff cannot request information that is not necessary to determine Medicaid eligibility, such as requesting the parents' birth certificates for a child-only Medicaid case. If it is unclear which family members are requesting Medicaid coverage, the system notice should specify the information needed to determine eligibility for the children, and what additional information is necessary if the adults also want Medicaid coverage.
- Eligibility Case Mgr**
3. Review the HCS-250 and other forms for accuracy and completeness. If the applicant has requested an interview, query about other assistance needed (e.g., food stamps, financial).
 4. Explain the intent and purpose of all additional forms required and the agency's authority to investigate his/her circumstances to determine eligibility for assistance.

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5. Mail information regarding the applicant's rights and responsibilities, i.e., Fair Hearings, reporting changes, Civil Rights, and cooperating with Child Support Enforcement, TPL and Program Compliance to the applicant. If the applicant fails to sign and return the release of information or HCS-220, it will not adversely impact Medicaid eligibility.
6. Provide information needed to help the applicant understand the scope of the Medicaid programs, i.e., EPSDT, family planning, Basic Medicaid coverage vs. Full Medicaid coverage etc. All program brochures/pamphlets (including the HPS-165 Recipient Handbook) must be mailed to the applicant unless the applicant has requested and attended an interview.
7. Make appropriate referrals.
- Applicant** 8. Complete all additional forms and provide requested verification.
- Eligibility Case Mgr** 9. Upon receipt of all requested information, determine the applicant's eligibility.
10. Authorize/deny benefits. Send adequate notice.

NOTICES

Written notice is sent to applicants and recipients when assistance has been authorized, changed, denied, or terminated. See FMA 1503-1 for more information on notice requirements. The notice of authorization must state the action taken and authorized. Adequate notice is sent.

The notice of change, denial or termination states the specific reason for the change, denial or termination, the agency policy, state and federal regulations supporting the action, and the individual's right to request a fair hearing. Timely notice must be sent for adverse changes and terminations, adequate notice is sent for denials.

NOTE: If eligibility is being redetermined under an ex parte review, timely notice of the original program closure must be sent if the child/family is not eligible for other Medicaid coverage.

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